

3661889

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		10-25-01
O.I.P. & CLASSIFIER			
FORMALITY REVIEW	LS	1884	10/25/01
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS**

..... Rejected	N .....	Non-elected
..... Allowed	I .....	Interference
(Through numeral)..... Canceled	A .....	Appeal
..... Restricted	O .....	Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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